

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: 167

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 5-17-99

L-Supp

#3006

\$10.00
KSD

1990984

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ETHICS REGISTRATION
CASH NON-REFUNDABLE

1. NAME BURGIN R. JANE
Last First MI
2. BUSINESS PHONE 504 893-6602
3. BUSINESS ADDRESS P.O. Box 2482 COVINGTON LA 70434
Street and No. City State Zip
4. EMPLOYER BURGIN ASSOCIATES
5. EMPLOYER'S ADDRESS SAME
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name LA. ASSO. OF NONPROFIT ORGANIZATIONS
- Address P.O. Box 4308, BATON ROUGE, LA 70821
- Business or purpose NON PROFIT

☒ New Representation

Does this person pay you? YES

If No, who pays you? _____

☐ Terminated Representation as of _____

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ETHICS REGISTRATION
CASH NON-REFUNDABLE

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared R. Jone. Bargin, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

R. Jone. Bargin
Signature of Lobbyist

Sworn to and subscribed before me on this 22nd day of June, 1999.

Donna J. Adams
Notary Public Conway & Osborn